

Welcome

back to the law of life, how to treat COVID-19 that really should have been the question three years ago. Here in the West and around the world doctors waited instead for a vaccine. Sufferers were sent home until they had breathing difficulties. Then they were put on ventilators in hospitals. people died in unknowable numbers. While all that unfolded in those early months, some doctors sought to treat the COVID patients. My first guest today is one of those Dr. Shankara Chetty from South Africa has successfully treated 1000s of his patients, and also taught hundreds of other doctors to do likewise, Dr. Chetty joins me now. Good evening, Shankara. Thank you for joining us.

Good evening meal and a pleasant evening to your viewers as well. Thank you for that. Quite simply tell us your story of treating COVID from the beginning.

Well, I made a decision in 2020 When I heard that COVID is circulating the globe that there was a paucity of information surrounding the disease itself. And I wanted to examine every single patient and figure out exactly what was going on. I pitched a tent outside my home to take advantage of sunlight and ventilation. And I moved out of my home to isolate myself from my family, and I examined every COVID patient that walked into my practice, or triage them kept him separated so that people can be safe. Very early on, I noticed that I was dealing with something very unusual. I had suspicions that the illness wasn't properly classified and terrified clinically.

Within the first 20 patients, I noticed that there were a subset of patients who desaturated very rapidly. My concern was with the breathlessness of hospitalizations, and deaths, so I advise patients that if they experienced those symptoms, I would like to know about a time you see the first five patients that returned to breathless did so in a very strange way.

All of them that became breathless, became breathless, on the eighth day, exactly a week after the onset of their first symptoms or the feeling of being

unwell. Now those patients that returned not all of them, they were a group that all patients have the initial phase of viral infection. And all patients showed in a reasonable space of time good clinical improvement, which showed me we having a robust immunologic response to this virus, natural response, but there were a subset of patients who are on the eighth day became unwell again. And this becoming unwell was very distinct. These patients were perfectly fine on the seventh day. In fact, I've had patients play squash and engage in other sporting activities on the seventh day, thinking that they have completely recovered from the illness, and on the eighth day very suddenly became tired, which progress to breathlessness, which then progress to oxygen dependency. And clearly I was dealing with two separate pathologies, by physicals no correlation between the phases and no progression between the phases because patients seem to have gotten better. Looking at that the saturation there are only two things I think that would cause you to decompensate in a rapid way. It is an allergic reaction, a severe allergic reaction to an allergen or an exposure to a venom that would kill you in a day or two if you do not address it aggressively and time is so looking at these patients I was aware that they are having some sort of hypersensitivity reaction on the day to some kind of viral debris that was triggering the STI compensation which occurred directly in the lungs. It was clear that these patients could breathe easily. So there was no restriction to air flow. But there seemed to be a restriction to the elasticity of the lungs. It couldn't take a deep breath they call sweat were dry. So clearly these, these patients had a demo of the lung unproductive, so and it was the absence of fever and the usual symptoms that you would associate with an infection. So it was of the opinion that these patients actually having a hypersensitivity reaction to some kind of viral allergen. And so I use that as my basis for the second line of treatment in the second phase of the illness. We've all treated as medical practitioners, we've treated these things before and the modality of treatment is simply steroids to turn off that inappropriate immunologic chapters been turned on. And then of course, to mop up all the mediators that get released during these kinds of reactions. And so I use the antihistamines dependent on what system was affected. I used either gut antihistamines or respiratory antihistamines. There's different kinds of histamines. We know about the clotting issues. So aspirin was an imperative. We know about the leukotrienes. So I used Montelukast, to deal with that. And I got very quick, immediate, almost clinical

recoveries, that doesn't take long to reverse a bee sting you cannot sit patient, you are absolutely sure that you've turned that reaction around. So when actually patients on the eighth day I make sure I follow up the day before to ensure quick clinical response. If the response is not quick enough, then my my intervention is not aggressive enough and I need to readjust. And so over these past two years, during the first, second and third wave, the eighth day was on out to be true, which we managed to catch those patients that did compensated properly compensated and treated them aggressively and timelessly. So we saw the same pattern, even though different systems were affected by this reaction, that respiratory in the first gastrointestinal in the second, and in the third wave seem to target the circulation. And so we had all the clocks and those kinds of things happen. I published this in an academic journal here in South Africa. Called modern medicine, which is a peer reviewed journal in August 2020.

But I've gotten silence I've tried to I've contacted every single publication in the world. None were willing to publish this either because it's too controversial, or that I'm not a subscriber to seeing that they purport to be the custodians of science knowledge. I was pretty surprised that they wouldn't want to hear this that could negate the effects of this pandemic, even before we considered a vaccination. But why why on earth when you had something that was working for, I believe you treat it you've treated somewhere like 14,000 patients 500 Notice patients, Neil, myself, and many other 1000s around the world, and I've trained 1000s of doctors around the world and they've had the same outcomes, no hospitalizations, no dates, no need for oxygen in my practice, and I've clearly negated the need for any vaccination to solve the problem.

So So before there was any talk of vaccination, you had your own satisfaction identified a course of treatment, your your succeed, successfully treating 1000s of people you and exporting that idea to those who are listening for explanation is there for health authorities all around the world, especially in the West, refusing to discuss it, refusing to open it up to public debate and consideration?

When I'm pretty convinced there is an agenda out there, when you come up with the means to negate the mortality and morbidity in a global pandemic.

And people choose willingly not to listen, then I'm sure there's some underlying agenda going on. I have a friend in the CDC, who became aware of my work in 2020. The CDC contacted me to say they're interested in me presenting to them but that presentation kept getting deferred till after the rollout of the vaccine, and I was contacted in January 2021. To ask if I would be willing to present and that as well fell away. So I knew that there was an agenda to push the vaccines prior to any early treatment. being acknowledged.

My aim was to educate doctors and educate patients about the importance of that at and recognizing at saturation to get to treatment quickly, which saved all the lives so it's it was range from patient education to Doctor education to understanding the pathophysiology of the illness. itself, and what to treat, and a lot of the treatment is over the counter.

On label, I think the label of viral pneumonia was wrong. So this is a hypersensitivity pneumonitis triggered by Spike protein on the eighth day in susceptible individuals. And so everything I did was what doctors should have done from the start treat the sick first. If we manage to solve all the mortality and morbidity, it completely negates the need for a spike based vaccine rushed to market.

natural immunity was clearly evident from people recovery. And, and furthermore, am I right in in getting from what you're seeing that this if it's the spike protein that people susceptible people are really struggling with? That?

An mRNA vaccine that only makes the bodies produce more spike protein would have been well counterproductive to put it mildly.

And I think a very poorly designed a new conceived if we are allergic to spike protein, a subset of the population and it triggers an immune response and allergic kind of hypersensitivity response. The no manner of vaccine is going to address that issue. It's like someone gets stung with a bee and we spending our time chasing the bees rather than treating the allergic reaction to the sting so the virus is really inconsequential.

Coronavirus, is not the primary pathogen of COVID illness. It is spike protein that triggers a hypersensitivity reaction that results in all the mortality and morbidity so it's a pathogenic protein that is the primary pathogen of COVID illness and not the virus, but we've spent our time chasing a virus. And of course, we've seen the lack of benefit in doing that globally. Of course when we deal with an allergic reaction, attempting to expose the patient to that allergen can only bring tolerance and that's what we've seen recently with boosting of the vaccine that we're getting for, which is an immunoglobulin that gets your body to tolerate whatever you're being exposed to. And that's a dangerous thing. If your body tolerates an infection with Coronavirus, it's going to lead to more severe illness and more prolonged illness because you are not responding to it. And that's where we get this was discussed from the early 2021. I made my views on the vaccine very very well known that the vaccine will not do what we expect it to do. We are dealing with a severe immune dysregulation and it should be treated as such doctor from that doctor chatty, that's a fascinating account that you've given in in such a succinct form that you know, even I even I understand that effortlessly. Thank you so much, but times against this and I'm going to have to all I can do now at this moment is just to say thank you so much and I will very much look forward to picking the story up with you again in the future and hearing more about it. But for now, Dr. Shankar Chetty, thank you very much indeed. Jasper, how do you react to that simple statement? Well, as you say, it's simple. It's straightforward. It seems pretty obvious even to a non medical person like me, and I'm listening as a journalist thinking yet again, who we are hearing of, in this case, specialist publications going, Oh, no, we can't hear you can't hear you because we've got our advertisers or sponsors. They're telling us not to hear you. This is I think what we've got across the board we've got this with media. We've got this with government, governments have no idea what to say until they hear from them. It sounds to me their corporate sponsors. Joke about what's your reaction to hearing that? A doctor or working Doctor confronted with 1000s of patients he deduces what he does, tries to tell the world about it and it falls into the void. Well, I think that no medical professionals are going to comment on the specifics, obviously. But I mean, what we do know about the pandemic is that there was a mass state of panic around the provision of health care services that at times health care services focus, right and rather than treating the illness, they were more

concerned about stopping the spread of the virus, which may or may not have been the right decision, but we also know that there was a kind of unwillingness to learn from the evidence as the pandemic progressed and the kind of gatekeepers of scientific evidence proved very unresponsive to new information coming in. We found that out with regards to the origin of the virus and the huge scandal has been around people trying to shut down that conversation. And similarly, similar things happened with regarding and spreading evidence and what should be sort of medicine being a science relies on debate and discussion. I think it's just the most one of the most extraordinary bits of testimony I've had in the last couple of years. You know, a doctor saying that he had understood what was going on and was able to prove it was successful treatment of 1000s of people, and he couldn't get the wider western world to listen to what he had learned, because they were doggedly going to do nothing but wait for a vaccine. It does seem genuinely that there is no interest in among a certain class of persons. No interest in actually helping people keeping people alive, helping that it is entirely it seems a sort of a dogmatic desire to be right to be the first with some technology to make a lot of money.

Astonishing, astonishing. I can't wait to hear more from Dr. Chetty at some point in the future actually.